

EMPORIA STATE UNIVERSITY

APPLICATION FOR KANSAS RESIDENT FEE PRIVILEGE FOR  
OUT-OF-STATE RESIDENTS EMPLOYED IN KANSAS  
ENROLLED IN LIFELONG LEARNING CLASSES

1. This application is for (Check ONE ONLY)  Fall 20 \_\_\_\_  Spring 20 \_\_\_\_  Summer 20 \_\_\_\_  
(THIS FORM MUST BE COMPLETED EACH SEMESTER)
2. Student's Last Name, First, MI \_\_\_\_\_ Student's Social Security # \_\_\_\_\_
3. Current address \_\_\_\_\_  
Street and Number or Rural Route (P.O. Box not sufficient) \_\_\_\_\_ Home Phone \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Work Phone \_\_\_\_\_
4. Date of birth \_\_\_\_\_ How many credit hours will you be taking this semester? \_\_\_\_\_
5. When did your current period of employment in Kansas begin? (month/day/year) \_\_\_\_\_
6. Are you a CITIZEN of the United States?  Yes  No  
If NO, have you been granted Immigrant or Permanent Resident status by the U.S. Immigration & Naturalization Service?  Yes  No  
If NO, indicate type of VISA \_\_\_\_\_ If YES, attach a copy of your Alien Registration card.

I certify that the information given on this application is accurate and complete. If any circumstances change affecting the tuition classification status requested by this application, I agree to notify the Office of the University Registrar in writing within 15 days after such change. ***I understand that falsified information can result in financial obligation (non-resident fees) to, and dismissal from, the University and that making a false writing is a felony under Kansas Law (K.S.A. 21-3711).*** I also understand that information from my application for admission and other university records will be considered as part of this application.

Date \_\_\_\_\_ Student Signature \_\_\_\_\_  
(IN THE PRESENCE OF A NOTARY PUBLIC)

**NOTARIZATION:**

Subscribed and sworn to/affirmed before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_, at \_\_\_\_\_ CITY

SIGNATURE OF NOTARY \_\_\_\_\_ MY APPOINTMENT EXPIRES: \_\_\_\_\_

Employee's Signature \_\_\_\_\_ Social Security # \_\_\_\_\_

**EMPLOYER MUST COMPLETE OTHER SIDE**

RETURN TO:

DEADLINE:

Emporia State University  
Office of the Registrar - Campus Box 4026  
1200 Commercial St.  
Emporia, KS 66801

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SECTIONS A & B TO BE COMPLETED BY EMPLOYER ONLY

**A. Verification**

I verify that \_\_\_\_\_ is employed full-time  
(employee's name)

by \_\_\_\_\_ as of \_\_\_\_\_ as a \_\_\_\_\_  
(name of company/agency/school) (mo/day/yr) (position title)

This employee was hired as a FULL-TIME employee (at least 30 hours a week), is STILL employed, and is expected to be employed with this company on that basis for at least one year from the effective date above.

Company Name: \_\_\_\_\_

Company Address IN KANSAS: \_\_\_\_\_

**B. Required signatures (TWO ARE REQUIRED and THE SECOND ONE MUST BE NOTARIZED)**

1. Personnel Director (or equivalent if there is no Personnel/Human Resource section)

(Name, printed) \_\_\_\_\_ (Title) \_\_\_\_\_

(Work address) \_\_\_\_\_

(Signature) \_\_\_\_\_ (Date) \_\_\_\_\_ Work phone # \_\_\_\_\_

**< I understand that making a false writing is a felony under Kansas law (K.S.A. 21-3711).>**

2. Owner, partner, Chief Executive Officer or first signatory's superior (MUST BE NOTARIZED)

(Name, printed) \_\_\_\_\_ (Title) \_\_\_\_\_

(Work address) \_\_\_\_\_

(Signature) \_\_\_\_\_ (Date) \_\_\_\_\_ Work phone # \_\_\_\_\_

**< I understand that making a false writing is a felony under Kansas law (K.S.A. 21-3711).>**

**Notarization**

Subscribed and sworn to/affirmed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at  
\_\_\_\_\_, \_\_\_\_\_  
(city) (state)

My appointment expires: \_\_\_\_\_ /s/ \_\_\_\_\_  
(Notary Public)

----- BOTH SIDES MUST COMPLETED BEFORE RETURNING -----

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